



Monroe County Fire Rescue

Patient Release Form – Refusal of Treatment, Transport or Intervention

This is to certify that regardless of the advice of the attending Paramedic(s), I have declined the following:

(Initial where appropriate)

- _____ To Be Examined For Illness or Injury
- _____ To Be Evaluated as to the Possible Extent of Illness or Injury
- _____ To Have Illness or Injury Treated as Recommended
(Specify: _____)
- _____ To Be Transported to a Hospital or Medical Facility

I have been informed of the risk involved, accept all risks and consequences, and hereby release and forever discharge Monroe County Fire Rescue, Monroe County Board of County Commissioners, and Medical Director; their successors and assigns and any and all persons employed by or responding with, from all liability, debts, claims, demands, damages, actions and causes of action whatsoever, which may arise out of, by reason of, or in any manner may result from the illness suffered or injury sustained by me, including injury to me known and unknown, which I may have sustained as a result of my refusal to be examined, evaluated, treated or transported by Monroe County Fire Rescue. This release is binding on my parents and/or my heirs, executors and assigns.

Furthermore, I hereby acknowledge that I have been provided with a copy of Monroe County's Notice of Privacy Practices on this date.

Signature _____ Date _____